

EXHIBIT B - PRIOR Restitution Request
VICTIM IMPACT STATEMENT
United States v. Jaycob Tyler Kutzera
CR 17-48-GF-BMM

NAME: M S

A. RESTITUTION

1. List total amount requested for restitution from the defendant=s crime (Use enclosed checklist to help): Please provide any receipts or documentation to substantiate the claim:

_____ \$ _____

- Phone taken by the police and put in evidence. **\$75.00**
- Replacement phone for the minor. **\$150**
- Driving to Helena from Great Falls while minor was in Shodair – 192 mile round trip for 5 days – **\$518.40** this rate is based on the IRS mileage rate for 2016.
- Work missed while minor victim was in Shodair - \$16.00/ hr 8 hr days for 5 days = **\$640.00**
- Minor victim in Shodair for 5 days - \$370.00 / day **= \$1,850.00**
- Counseling in Montana from April 15, 2016 - June 23, 2016 – \$120/ Hr pre visit minor victim was seen 1 time a week. = 10 weeks = **\$1,200.00**
- Counseling in Arizona from June 23, 2016 – January 1, 2018 - \$130 / Hr per visit minor victim was seen 1 time a week. = 80 weeks = **\$10,400**
- PHD level therapy for DBT-PTSD treatment January 1, 2018 til still ongoing - \$150 / Hr per visit. Minor Victim is seen once a week for this treatment. = 23 weeks = **\$3,400.00** and ongoing.

Total cost = \$18,233.40

B. REIMBURSEMENT RECEIVED (*Have you been reimbursed for loss?*): X Yes

_____ No

If reimbursed please explain and provide amount: Some have been paid out by my insurance for the minor child.

For the Counseling in Montana they paid for 50% of the cost for the impatient hospital stay. = \$950.00

For outpatient counseling in Montana they paid 50% of the cost. = \$600.00

Arizona counseling they paid 75% of the cost = \$7,800.00

Arizona PHD level therapy they pay 75% of the cost = \$ 2,550.00 this service is still on going.

TOTAL REIMBURSEMENT RECEIVED TO THIS DATE \$11,900.00

TOTAL RESTITUTION REQUESTED \$ 6,333.40

How has this crime affected you? Please see the victim statement that was provided to the US Attorney's office

**Please attach additional sheets if needed
Please provide**

Please provide any additional information which you would like the court to consider at the time of sentencing.

Would you like to attend the sentencing? _____ Yes
___X___ No

Would you like to address the court at sentencing? ___X___ Yes
_____ No I have addressed the court by the letter that I have wrote and turned in to the US Attorney's office.

I declare under penalty of law the above information is true and correct.

Dated this 30th day of May, 2018.

Signature__M S _____

Electronically signed in order to get to the US Attorney's office.

**PLEASE RETURN TO THE U.S. ATTORNEY=S OFFICE, 901 FRONT ST., STE. 1100,
HELENA, MT 59626 NO LATER THAN APRIL 16, 2018.**